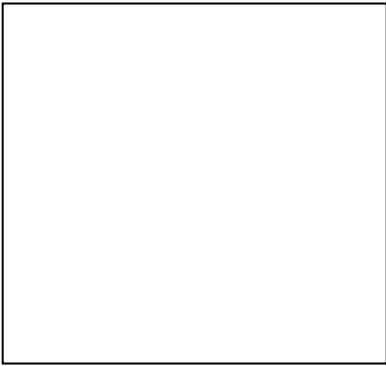


# GENERAL CLAIM ADVICE

Personal  Commercial   
 Loss Type .....



Pursuant to the Privacy Act 1993 the following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is: The Insurer named below (hereinafter called "the Company") and is being held by them at their Head Office
- (d) The collection of this information is required pursuant to the terms of your insurance policy;
- (e) The failure to provide this information may result in your claim being declined;
- (f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Claim No : ..... Policy No : .....  
 Insurance Coy : ..... Due Date : .....  
 Branch : ..... Excess : ..... Premium Paid: Y / N

## A. POLICY HOLDER

Full name of insured: Mr/Mrs/Miss/Ms .....  
 Postal Address ..... Telephone Day .....  
 Occupation ..... Employer ..... Night .....  
 Email   
 Bank Account Number for Direct Credit Payment

## B. CIRCUMSTANCES OF LOSS. PLEASE COMPLETE IN ALL CASES

- 1) Date: ...../...../20..... Day: ..... Time: .....
- 2) Where did loss occur? .....
- 3) Please explain what happened:.....  
 .....  
 .....
- 4) Is there any other insurance with any Company relating to this loss. If so, Give particulars: .....
- 5) If loss caused by another person please give name and address: .....
- 6) Have you, within the past 5 years, made a claim against any Insurance Company? If so, please supply details including Company name.....

## C. COMPLETE IN ALL CASES RELATING TO PROPERTY LOSS OR DAMAGE

- 1) Are you the sole owner of the property concerned? Yes  No   
 If No, Supply details of other interest and party concerned: .....
  - 2) If burglary, loss, or theft claim  
 To which Police Station was it reported? ..... Date Reported .....
- Acknowledgement form attached. Yes  No   
 If burglary, state means of entry to premises .....

## PROPERTY SCHEDULE

N.B. In the case of loss, please attach proof of ownership/purchase receipts and quotes for replacement cost to save delays.

Description of property lost or damaged (State each article/item separately)	Date Purchased & Price	Present Cost of Replacement	Depreciation for Age & Condition	Value of Salvage (if any)	Amount Claimed

PROPERTY SCHEDULE CONTINUED OVERLEAF

NOTE: QUESTIONS AND DECLARATIONS ON THE BACK OF THIS FORM MUST BE COMPLETED.

